

<b>ANNUAL STATUS REPORT OF EXEMPTED LASERS</b> For use of this form, see AR 385-9; the proponent agency is DCSPER.		REQUIREMENT CONTROL SYMBOL 0201-HEW-AN	
		REPORTING PERIOD (FY)	
TO: (Include ZIP Code)		FROM: (Include ZIP Code)	
LASER TYPE		NUMBER OF LASERS	
MANUFACTURER			
USE OF LASER			
CONTRACT NUMBER		NATIONAL STOCK NUMBER	
REASON FOR EXEMPTION			
DATE OF DISPOSAL (If applicable)	DATE OF TRANSFER (If applicable)	NAME AND ADDRESS OF RECEIVING AGENCY	
TYPED NAME, RANK, AND TITLE OF REPORTING OFFICER		SIGNATURE	
REMARKS			